



## B-2 Attendance Alert Form

District of Columbia Public Schools

Date: \_\_\_\_\_ School: \_\_\_\_\_

Dear \_\_\_\_\_:

This is to inform you of the attendance record of your child \_\_\_\_\_.  
Please return the tear-off section below to your child's school.

	Number	Dates
<b>ABSENT</b>		
<b>TARDY</b>		

In order for students to achieve, they must be present and on time each day. We need and appreciate your cooperation to improve your child's attendance.

\_\_\_\_\_  
Counselor/Attendance Counselor

\_\_\_\_\_  
Principal

### PARENT'S REPLY

This is to inform you that I have received the above report concerning my child's attendance.

#### My child was absent due to:

- |  |  |
|--|--|
| <input type="checkbox"/> Illness             | <input type="checkbox"/> Doctor's Appointment                |
| <input type="checkbox"/> Death in the Family | <input type="checkbox"/> Observance of Religious Holy Day(s) |
| <input type="checkbox"/> Other _____         |  |

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

Please return to your child's counselor or attendance counselor.